



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER, Governor
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BUREAU OF FACILITY STANDARDS
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July 20, 2007

Anita Burdick, Administrator
Alterra Wynwood At Twin Falls
1367 Locust Street North
Twin Falls, ID 83301

Dear Ms. Burdick:

On July 9, 2007, a Fire Life Safety Survey was conducted at Alterra Wynwood At Twin Falls. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in dark ink, appearing to read 'M. Grimes'.

MARK GRIMES, Supervisor
Facility Fire Safety & Construction Program

MG/lj

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R569	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 07/09/2007
NAME OF PROVIDER OR SUPPLIER ALTERRA WYNWOOD AT TWIN FALLS			STREET ADDRESS, CITY, STATE, ZIP CODE 1367 LOCUST ST NORTH TWIN FALLS, ID 83301		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on July 9, 2007.</p> <p>The surveyor conducting the survey was:</p> <p>Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety & Construction Program</p>	R 000			

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

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If continuation sheet 1 of 1